

READ CAREFULLY

The falsification of an application for reemployment constitutes a crime of the fourth degree and is punishable as such (N.J.S.A. 2C:21-4, N.J.A.C. 4A:10-2.4). Such conduct also shall be cause for rejection of the application, removal of the applicant from employment secured thereby and possible disqualification from future merit system employment.

NEW JERSEY DEPARTMENT OF PERSONNEL APPLICATION FOR REEMPLOYMENT

DO NOT WRITE IN THIS BLOCK

(For Department of Personnel Use Only)

INSTRUCTIONS: Type or write clearly. Applicant **MUST** complete Sections A and B. Questions # 2 & 4 are voluntary and are asked for recordkeeping purposes only. Appointing Authority will complete Section C and mail completed application to New Jersey Department of Personnel, PO Box 314, Trenton, N.J. 08625-0314. **Do not write in Section D.**

**SECTION A
TO BE
COMPLETED
BY
APPLICANT**

1. NAME (last, first, middle initial)		2. Check the ethnic group you are a member of: 1 <input type="checkbox"/> Black (Non-Hispanic)			
		2 <input type="checkbox"/> White (Non-Hispanic) 3 <input type="checkbox"/> Hispanic 5 <input type="checkbox"/> American Indian or Alaskan Native			
		4 <input type="checkbox"/> Asian or Pacific Islander (Including Indian Sub-Continent)			
3. SOCIAL SECURITY NUMBER	4. SEX	5. LAST PERMANENT TITLE		6. TITLE CODE	
7. ADDRESS (Number & Street, City, State, and Zip Code)		8. TELEPHONE (Area Code / Number)		9. DATE OF REGULAR APPOINTMENT	
		10. SALARY (Last Permanent Title) \$ Per		11. DATE OF RESIGNATION	
12. VETERAN STATUS 1 <input type="checkbox"/> Veteran 2 <input type="checkbox"/> Disabled Veteran 3 <input type="checkbox"/> Non Veteran			13. IN WHICH SERVICE WERE YOU EMPLOYED? (Check One) <input type="checkbox"/> STATE SERVICE (Complete Item 14) <input type="checkbox"/> LOCAL GOVERNMENT SERVICE (Complete Item 15)		
14. IF YOU WERE EMPLOYED IN STATE SERVICE, CHECK COUNTY OF PREFERENCE FOR REEMPLOYMENT. (There can be no assurance that you will be reemployed in that area)					
<input type="checkbox"/> Atlantic (A)		<input type="checkbox"/> Camden (D)		<input type="checkbox"/> Essex (G)	
<input type="checkbox"/> Bergen (B)		<input type="checkbox"/> Cape May (E)		<input type="checkbox"/> Gloucester (H)	
<input type="checkbox"/> Burlington (C)		<input type="checkbox"/> Cumberland (F)		<input type="checkbox"/> Hudson (J)	
		<input type="checkbox"/> Hunterdon (K)		<input type="checkbox"/> Mercer (L)	
		<input type="checkbox"/> Middlesex (M)		<input type="checkbox"/> Monmouth (N)	
		<input type="checkbox"/> Ocean (Q)		<input type="checkbox"/> Passaic (R)	
		<input type="checkbox"/> Somerset (T)		<input type="checkbox"/> Sussex (U)	
		<input type="checkbox"/> Union (V)		<input type="checkbox"/> Warren (W)	
15. If you were employed in Local Government Service, give name of jurisdiction:					
16. Since your resignation have you been convicted of a crime that has not been expunged by the court? (If Yes, give complete details and date of each offense and disposition on back) <input type="checkbox"/> Yes <input type="checkbox"/> No					
17. Have you been dismissed from a government or other position since your resignation date? (If Yes, give date and reason for each dismissal on back) <input type="checkbox"/> Yes <input type="checkbox"/> No					

**SECTION B
FOR
APPLICANT'S
SIGNATURE**

NOTE TO APPLICANT: You must be available for reinstatement at said position upon date of certification. If you are not available at the time of certification, your name will be removed from the reemployment list permanently.

18. As of this date I am available for reemployment at my former regular title or any comparable title.

Date: _____ Applicant's Signature: _____

**SECTION C
TO BE
COMPLETED
AND SIGNED
BY
APPOINTING
AUTHORITY**

19. Name and Address of Appointing Authority

20. In view of the applicant's record of past performance, I certify that reemployment of the applicant at his former regular title, or any comparable title, would be in the best interests of Government Service. I further certify that the applicant resigned in good standing and held permanent status as indicated in number 5 above.

Date: _____ Appointing Authority Signature: _____

**SECTION D
FOR
DEPARTMENT
OF
PERSONNEL
USE ONLY**

21. DEPARTMENT OF PERSONNEL ACTION:

Name Placed on Regular Reemployment List Previous Title New Title (Indicate): _____
Date: _____

Action Completed By: _____ Date: _____